

BUREAU OF HEALTH  
410 City Hall  
435 Hamilton Street  
Allentown, PA 18101-1699



Environmental Health Services  
(610) 437-7759  
FAX (610) 439-5946

# City of Allentown

## APPLICATION FOR ANNUAL LICENSE TO OPERATE CIGARETTE VENDING MACHINES

**NOTE: CITY OF ALLENTOWN ORDINANCE #12984 REQUIRES THE OPERATOR OF ANY FACILITY WHERE A CIGARETTE VENDING MACHINE IS LOCATED TO ACQUIRE A LICENSE FOR THE MACHINE. IT IS NOT THE RESPONSIBILITY OF THE MACHINE OWNER UNLESS HE ALSO OPERATES THE FACILITY WHERE THE MACHINE IS PLACED.**

Application is hereby made for licenses to operate cigarette vending machines in the establishment named in Section A below. By this application, it is agreed that the operator of the facility is responsible for assuring that the vending machine operation shall comply with applicable ordinances and regulations. It is further agreed that said vending machines shall be open to inspection by the Allentown Bureau of Health.

Please send the total license fee, along with the completed application, to the **Allentown Health Bureau, 410 City Hall, 435 W. Hamilton St., Allentown, PA 18101-1699**. Applications which are not complete will be returned. **Make check or money order payable to the City of Allentown, Bureau of Health.**

**DO NOT SEND CASH** The licenses issued are not transferable and expire on July 1<sup>st</sup> of each year.

A. Facility (Machine Location)	
Name	_____
Address	_____ _____
Telephone	(    ) _____

C. Actual Owner of Machines	
Name	_____
Address	_____ _____
Telephone	(    ) _____

B. Facility Operator (Applicant)	
Name	_____
Address	_____ _____
Telephone	(    ) _____

\_\_\_\_\_  
Applicant's Signature

### FOR OFFICIAL USE ONLY

Amount Received	_____
Date Received	_____
License Number	_____
Expiration Date	_____
City ID#	_____
Approved By	_____
Date	_____

License/Operational Fees			
Fee per Machine		Number of	Total
		Machines	Fee
License Fee	\$1.00	x	=\$
Operational Fee	\$99.00		
<b>TOTAL</b>	<b>\$100.00</b>		